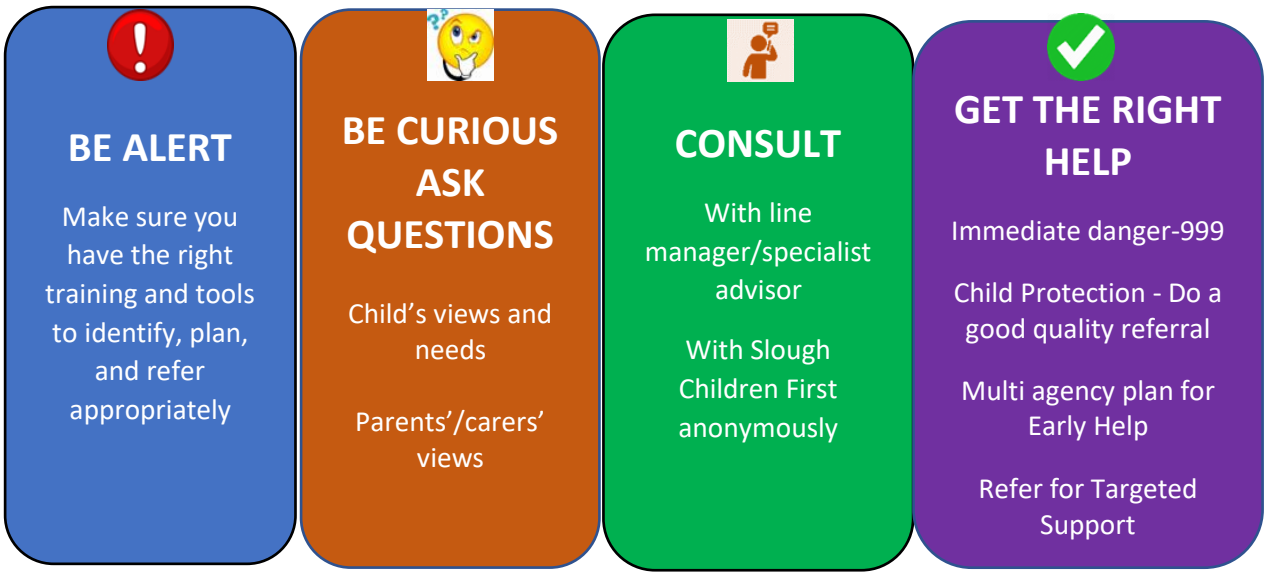
What to do when a child needs help
(Includes guidance for good quality referrals)

Practice guidance when worried about a child

Introduction
This is a reminder for practitioners working with children and families when a child needs help. Following recent audits and Safeguarding Practice Reviews, the Safeguarding Partnership is sending this out to all practitioners and managers as a reminder about the best way to go about making the important decision about getting the right help for the child.

It is important for all practitioners to:

- **Be alert**
- **Be curious**
- **Consult**
- **Get the right help for the child**



BE ALERT: What you must do now!

Right now, all professionals working with children and families have a duty to ensure they:

- have up to date safeguarding children training. Basic safeguarding training should be provided by your own organisation. Multi agency training is available via the Slough Safeguarding Partnership
- are familiar with the ***well-being tool*** and the safeguarding partnership thresholds document and how they apply in practice.
- are clear about the signs of abuse and neglect and are alert to these at all times. These are included in the Pan Berkshire Child Protection policies Responding to Abuse and Neglect (proceduresonline.com)
- use available resources. Get familiar with the Family Information Services website called Slough For You Slough For You (sloughfamilyservices.org.uk)
- understand how to use the children's well-being tool to initiate difficult discussions with parents about their children Slough Safeguarding Children Partnership - (sloughsafeguardingpartnership.org.uk)
- are familiar with information sharing guidance Information Sharing (proceduresonline.com)
- take advice if they need help/guidance or supervision. All staff should have quality supervision arranged as part of their regular working practices, and should be empowered to ask for help.

BE CURIOUS

If you are concerned that a child needs help or support:

- Show you care, give them the time ***they need*** to talk to you. Give them your full attention.
- Make every effort to ***listen*** to the child to establish his/her expressed needs and wishes, without interrogation, let them tell their story without interruption, but with gentle encouragement.
- Reassure them that their feelings are important. Reassuring phrases like "you have been very brave today" help.
- Reflect back what they have said using their language to show you have listened.
- You must not allow a fear of compromising your relationship with the parent/carer to influence your actions. This may involve asking uncomfortable questions to establish facts. This is not always easy but it is necessary.
- Make every effort to talk to and listen to the parents/carers unless doing so might endanger the child. Use the ***well-being tool and guidance*** (Slough Safeguarding Children Partnership - (sloughsafeguardingpartnership.org.uk)) to help you to engage with parents and have those difficult conversations which can help clarify the child's needs.
- Reflect on your conversations with the child and parent. Think about what this tells you.
- Find out what support has already been provided, contact other professionals and work together to identify what further support can be provided within the early help arena or universal services. Check out what services are available for children and families in the local area by visiting Slough's local offer.
- Read the NSPCC guidance Let children know you're listening (nspcc.org.uk) to pick up more tips on helping children tell their story.

CONSULT

If, having referred to the threshold document, and the child protection procedures, you are unclear about whether the case meets the criteria for a targeted early help or child protection referral, ***contact your line manager or specialist safeguarding advisor/lead*** and discuss the case with them***.***

If you think that the case may need some form of early help support, use the consultation opportunity provided by the fortnightly Early Help Surgeries. These are run remotely for **all Professionals** working in universal and additional support services to provide guidance on how best to support vulnerable children and families. Contact the Targeted Early Help Service earlyhelp@sloughchildrenfirst.co.uk

If you think the case may need a referral for child protection, then you should contact Slough Children First (01753 875362) and ***consult with the social workers at the front door***. You can call this team and share anonymised concerns. If you refrain from giving the child's details at this stage, this is a confidential consultation and is not a referral.
(If you do share the child's name and details, then the social worker is required to create a record for the child and this is retained for at least 18 years even if the case does not proceed to assessment).

Consultations with a social worker at the front door can be particularly helpful for long term chronic situations, or where the concerns are border line, or if the issue is unusual or complex. There may be times when a professional may be unsure what action to take, or they may just need support and guidance to ensure they make the most informed decision.

You can also seek independent advice at any time from the NSPCC helpline – help@nspcc.org.uk or 0808 800 5000.

When a safeguarding referral is necessary, parents can initially be upset and may even disengage, but later they will appreciate your honesty and kindness within your professional role. They are therefore more likely to re-engage with you.

GET THE RIGHT HELP

Immediate Danger

Take immediate action if you think a child is in immediate danger. Dial 999 for the police and then call Children First (01753 875362). If out of office hours (Weekends or after 5p.m. weekdays) call the Emergency Duty Team (EDT) on 01344 351999.

Child Protection Concerns
A child suffering or likely to suffer significant harm

If you have child protection concerns, complete a Multi-Agency Referral form. (**MARF**), this can be found on the Safeguarding Partnership Website.

The Children act 1989- referrals should be made where there are reasonable ***grounds to suspect that the child is suffering or likely to suffer significant harm****, your referral needs to demonstrate why you suspect this and refer to the thresholds document.*

Early Help

If there is no immediate danger, and no child protection concerns, but there is still an identified need for the child to thrive, then discuss this with the parents/carers and child (in an age-appropriate way). Consider how to provide this support in the community.

If there is a single need that can be met through an individual agency, then this would be via ***universal services*** *(education or health services).* If you work in Health or Education services, your own organisation may have services that meet the need.

If universal services can't meet the need, ***additional support*** from other organisations within the community may be appropriate, e.g. counselling; community youth support groups; faith services; or community family support. **You** are crucially important in helping the family to engage with the relevant service. If there are a number of different professionals working with the family, **then a key person acting as the Lead Professional** is needed to ensure a co-ordinated multi-agency support plan which enables the child and family to have a consistent approach.

These services are all part of professionals working together on a "continuum of support," providing help to families who do not, or no longer, meet the threshold for a statutory intervention by Children Services or Targeted Early Help Support Services. This support can prevent long term problems for children and can be managed by partners in the community without the need of a referral to Slough Children First. Check out the variety of support services found via Slough's local offer.

Targeted Early Help

If the additional support provided through a multi-agency plan with a Lead Professional in the community does not meet the needs of the child and/or family, then more intensive support is needed in the form of ***targeted early help*** *(Targeted Family Support, Targeted Youth Support or Exploitation and Youth Offending)*. In this case, you should complete a Multi-Agency Referral form (**MARF**) for targeted early help, this is on the Safeguarding Partnership Website.

TIPS FOR WORKING TOGETHER

Information sharing
It is important to remember that sharing information is an intrinsic part of any practitioner's role. The decisions about how much information to share, with whom and when, can have a profound impact on people's lives. Early sharing of information is key to providing effective early help where there are emerging problems. Sharing information is essential to put in place appropriate and effective multi-agency response. It also helps prevent the child or family having to repeat their story to a number of different professionals.

Consent:
Sharing information should be done with the consent of parents/carers, and the child if possible. It should ideally be done with their full co-operation. If you have concerns about safeguarding a child and consent is not provided, your duty to share information remains.

Consent should *always be sought* unless you believe it:-

- Will put a child at risk
- Will put potential evidence at risk of being destroyed or undermined
- Put you or colleagues at risk

You should weigh up what might happen if the information is shared against the consequences of not sharing the information.

For more information on sharing information which includes a myth-busting guide see the government advice Information sharing: advice for practitioners (publishing.service.gov.uk)

TOP TIPS FOR MAKING GOOD QUALITY REFERRALS

- Think about structure in your referral; lay out the factual information in a way that tells the story to help decision making at the front door.
- It is imperative that a synopsis of the child's/family background is provided for a context.
- Keep it factual and think about the language you use to record information, avoid victim blaming language; remember that the child can ask to read their records when they turn 18. Use clear simple English and refrain from using "professional language" or jargon. Talk about the *child*, not a *case.*
- Think about the language used to describe your concerns. Do not use 'looks like a mark made by a particular item such as a belt,' but instead describe the size, colour etc of the mark.
- Be assertive and clear about what's changed/ deteriorated for the child. What are you worried about? Ensure it is factual, think about the child's presentation, interaction and engagement with peers and adults including professionals, and the parents/carers.
- Use the threshold document to help guide your decision making and directly connect with your concerns.

What next?

1. Analyse your findings, gathering together all the information that suggests a child is suffering or likely to suffer significant harm.
2. Complete your MARF using the threshold document to structure your concerns and referring to the detailed MARF guidance below.

MARF GUIDANCE

Identification data : Include the following:
(*you may not have all this information, put in what you know)*

- The referrer's name and designation/relationship to the child and contact details, including e-mail address, landline and mobile phone number. If the referrer is about to go off duty, include the contact details of a person providing cover.
- The full name, date of birth, and gender of child/children. Include all the children you know about, not just the subject child. Include the full family address and any known previous addresses.
- The identity of those with parental responsibility.
- The names, dates of birth and information about all household members, including any other children in the family, and significant people who live outside the child's household but are regular visitors or a major part of the child's life.
- The ethnicity, first language and religion of children and parents/carers. Any need for an interpreter, signer or other communication aid.
- Any special needs of the children.

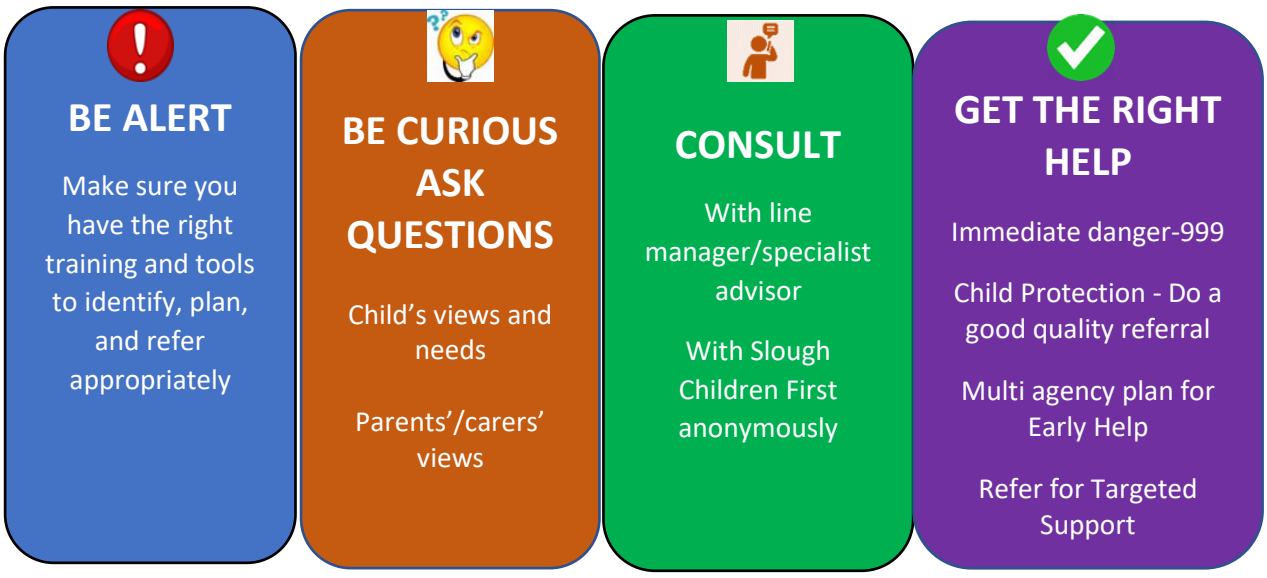
Include what you know about the following

- **The child's development needs:** Diet, food habits, clothing, hygiene, education, attendance at school or appointments..
- **Parenting capacity:** Parenting capacity requires a combination of approaches to collect all the information. It involves observation and assessing changes in parenting practices. It includes family History, family functioning, family cohesion, family adaptability and quality of the adults' relationship.
- **Social and environmental factors:** Extended networks, finances, housing, family life, social life.
- Ensure you complete the **additional tools**, where appropriate - **Child Exploitation, Neglect, Young Carers.** These are integrated into the MARF for ease of access.
- Inform how you will remain involved with the family and if appropriate, how you can help to introduce a social worker to the family, e.g. by a joint visit.
- Complete whether you have sought the consent or co-operation of the parents with the referral and if not, the reasons why not *e.g. unsafe for the child because…..*
- Confirm if you have you spoken to a parent.
- Inform of any difficulties being experienced by the family/household due to domestic abuse, mental illness, substance misuse, and/or learning difficulties.
- Confirm any significant/important recent or historical events/incidents in the child or family's life.
- Inform of any other significant others you are aware of in the child's life (*child minder, new significant partners*).
- Clarify the information you are reporting directly and what information has been provided by a third party.
- Provide any known or suggested information relating to the child/family being in contact with a person posing a risk to children and include the identity and current whereabouts of any suspected/alleged perpetrator and degree of contact with the child.
- Include what support services have already been offered to the child or family to address the needs you identified, including a summary of any previous referrals made.
- Include contact details of other professionals involved.
- Provide the child's account and the parents' response to the concerns if known.

- Include any conflict between parents or if there are any parental conflict management issues. If there is conflict, include any violent or aggressive behaviours of parents.
- Provide the child's current location and emotional and physical condition.
- Clarify whether the child is currently safe or is in need of immediate protection because of any approaching deadlines e.*g. child about to be collected by alleged abuser*.
- If known, provide the parents' current location.
- If known, inform if a parent/carer works in the children's workforce.
- Include any other changes in child's life, e.g parent ill, in prison, absent fathers etc and include dates. *Is there a correlation between the changes and your concerns?*
- State the cause for concern including details of any allegations, their sources, timing and location.
- Summarise what you are worried about, what the protective factors are and what needs to be done to help the family.

WHAT HAPPENS AFTER REFERRAL

If the threshold for safeguarding is met, you are required to work with partners and follow the multi-agency procedures. Procedures (proceduresonline.com). If you are invited to Strategy Meetings and/or Child Protection Conferences, you must refer to these procedures and prepare thoroughly to share information and provide reports. These meetings are a priority for all partners working with children and you will need to rearrange your diary and arrange cover to enable you to take part in them. They are usually convened at very short notice. Team Around the Child meetings (TAC) are equally important, and the same priority should be given to attendance at these too.



References:

Working Together 2023
Children acts 1989, 2004,
Information sharing guidance
What to do if you're worried a child is being abused

Child protection procedures link here